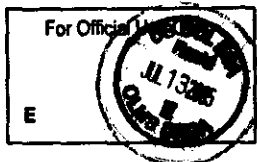


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2734</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Jesse</u> <u>M</u> <u>EVANS JR.</u> P.O. Box, Bldg., Room No., if any _____ Street <u>2640 S. 3RD STREET</u> City <u>STEELTON</u> State <u>PA.</u> ZIP Code + 4 <u>17113</u>	4. Name, file number, and address of labor organization. Name <u>AFSCME Council 13</u> Labor Organization File Number <u>071-060</u> P.O. Box, Building and Room Number, if any _____ Street <u>4031 EXECUTIVE PARK DRIVE</u> City <u>HARRISBURG</u> State <u>PA.</u> ZIP Code + 4 <u>17111-1599</u>
5. Position in labor organization. <u>Business manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Jesse M. Evans Jr.</u>	On <u>7/8/05</u> Date	<u>717-564-9312</u> Telephone Number

Name of Person Filing

File Number U-

2754

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

GOLF OUTING For Customer
APPRECIATION DAY 1ST ANNUAL
AT COLONIAL COUNTRY CLUB.
GOLF, LUNCH, + Dinner (Buffer)
I DON'T KNOW THE VALUE BUT
APPROXIMATELY \$150.00

13.b. Is the Business an Employer



or Consultant



?

14.b. Amount of payment.

APPROX

\$150.00

Name of Person Filing

File Number U-

2754

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☐

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

WACHOVIA BANK, N.A.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

PA6923

Street

30 NORTH THIRD ST. 9TH FLOOR

City

HARRISBURG

State

PA

ZIP Code + 4

17101

14.a. Nature of payment.

GOLF OUTING For CHARITY.
GOLF AND Dinner Following AT
HERSHEY COUNTRY CLUB. (BUFFET)
I DON'T KNOW THE VALUE BUT
APPROXIMATELY \$225.00

13.b. Is the Business an Employer

☒

or Consultant

☐

?

14.b. Amount of payment.

APPROX

\$225.00

Name of Person Filing

File Number U-

2754

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name PNC BANKTrade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 8874Street 4242 Carlisle PikeCity Camp HillState PA. ZIP Code + 4 17011

14.a. Nature of payment.

Wine TASTING Followed BY
Dinner Harrisburg Hilton for
myself AND wife KATHY. Customer
Appreciation. I DON'T KNOW
THE VALUE BUT APPROXIMATELY
\$ 200.00

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

APPROX

\$ 200.00